

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/277172	FILING DATE _____
APPLICANT(S) ..	

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/					
2	/					
3	/					
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97	/					
98	/					
99	/					
100	/					
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	12					
TOTAL	76					
TOTAL	88					

1-1350 (3-78)